

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

REQUEST FOR REINSTATEMENT OF SUSPENDED AUTHORITIES

NAME OF COMPANY	T-NUMBER OR PSG-NUMBER
ADDRESS	
CITY, STATE, ZIP CODE	
AREA CODE AND TELEPHONE NUMBER ()	

RETURN COMPLETED FORM TO:
 CALIFORNIA PUBLIC UTILITIES COMMISSION
 LICENSE SECTION
 505 VAN NESS AVENUE
 SAN FRANCISCO, CA 94102

This form is to be completed and returned at the time you desire reinstatement of your authorities from voluntary suspension. Failure to accurately complete this form may delay reinstatement of your authorities.

THE UNDERSIGNED REQUESTS THE REINSTATEMENT OF THE OPERATING AUTHORITIES CHECKED BELOW:

- | | |
|--|--|
| <input type="checkbox"/> HOUSEHOLD GOODS CARRIER PERMIT
<input type="checkbox"/> CHARTER PARTY "P" PERMIT
<input type="checkbox"/> CHARTER PARTY "S" PERMIT
<input type="checkbox"/> CHARTER PARTY "Z" PERMIT | <input type="checkbox"/> CHARTER PARTY CLASS "A" CERTIFICATE
<input type="checkbox"/> CHARTER PARTY CLASS "B" CERTIFICATE
<input type="checkbox"/> CHARTER PARTY CLASS "C" CERTIFICATE |
|--|--|

INSURANCE AGENT OR BROKER

NAME: _____ POLICY# _____

PHONE: () _____
AREA CODE TELEPHONE NUMBER

ADDRESS: _____
STREET ADDRESS CITY COUNTY ZIP CODE

THIS REQUEST MUST BE ACCOMPANIED BY A COMPLETED:

Household Goods Carriers: TL706-D (Report of Equipment)

Passenger Carriers: PL664 (Equipment Statement/Vehicle Inspection)

CERTIFICATION

I certify under penalty of perjury that the foregoing list and any attachments of all vehicles used in transportation for compensation by the carrier are true and correct. Where the CPUC operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make this certification on its behalf.

Date: _____

 Signature of Applicant(s)

If applicant is a corporation:

 Signature of Corporate Officer

 Title of Corporate Officer